

KANSAS LOW INCOME ENERGY ASSISTANCE APPLICATION

For questions, call toll-free: 800-432-0043 or
go to www.lieap.dcf.ks.gov.



The completed application must be received by close of business
on the last business day in March.

ES-3500
09-15

1. HOUSEHOLD INFORMATION

On line 1, list the person whose name is on the heating utility bill if they reside in your household. Otherwise list yourself on line 1 followed by **all** other persons who are currently residing at the address where you live. Attach additional sheets as needed. (Race Codes: A=Asian, B=Black, H=Hispanic, N=Native American, W=White, O=Other)

Name (Last, First, MI)	Social Security Number	Date of Birth	Sex M or F	Race - List All That Apply (optional)	Citizen or Legal Resident	Disabled
1)					Yes / No	Yes / No
2)					Yes / No	Yes / No
3)					Yes / No	Yes / No
4)					Yes / No	Yes / No
5)					Yes / No	Yes / No
6)					Yes / No	Yes / No
7)					Yes / No	Yes / No
8)					Yes / No	Yes / No
9)					Yes / No	Yes / No
10)					Yes / No	Yes / No

Does anyone in the household receive food assistance? ☐ Yes ☐ No

Did you apply for LIEAP last year? ☐ Yes ☐ No

Preferred language, if other than English:

Written: _____ Spoken: _____ Sign Language? ☐ Yes ☐ No

STREET ADDRESS WHERE YOU LIVE NOW

Street Address City State Zip County

MAILING ADDRESS IF DIFFERENT FROM YOUR STREET ADDRESS

Name Street Address City State Zip County

Please check the correct box. Is this your: ☐ Guardian ☐ Conservator ☐ SI payee ☐ Other:

CONTACT INFORMATION

Day Time Telephone: _____ Message Telephone: _____

Work Telephone: _____ Email Address: _____

2. Emergency Situation. If you are currently in an emergency situation with your utilities, circle the letter of all that apply. Enclose proof of disconnect, otherwise the case will not be considered an emergency.

A	Your household is currently disconnected from utility service. Date of disconnect: _____
B	You are out of or have very little propane or wood to operate your primary heating fuel source. List estimated percentage of propane on hand %: _____ Amount of wood on hand _____ (i.e. ¼ cord)
C	Someone in your household is using medical support equipment operated by electricity. (dialysis machine, oxygen concentrator, intermittent positive pressure breathing machine, infant respiratory failure alarm, etc.) Identify equipment: _____
D	Your utilities will actually be disconnected within 48 hours. Disconnect date: _____

3. Household Income. You must provide proof of income. Please enclose pay stubs, employer statements, etc. for all income other than Social Security, SSI, TANF or UC for all household members.

		Monthly Amount	Name of Person	Office Use Only
WA	Gross Wages, Salaries, Tips, Commissions	\$		
	Hourly rate: _____ Hours per week: _____ How often paid: _____ Name and address of employer: _____			
WA	Gross Wages, Salaries, Tips, Commissions	\$		
	Hourly rate: _____ Hours per week: _____ How often paid: _____ Name and address of employer: _____			
WA	Gross Wages, Salaries, Tips, Commissions	\$		
	Hourly rate: _____ Hours per week: _____ How often paid: _____ Name and address of employer: _____			
		Monthly Amount	Name of Person	
SS	Social Security Administration Benefits			
SI	Supplemental Security Income/SSI			
CS	Child Support/Alimony (provide copy of court order)			
CA	Temporary Assistance for Needy Families (TANF)			
UC	Unemployment Benefits			
SE	Self-Employment/Farm Income (provide copy of complete tax return)			
VA	Veteran's Administration/VA Benefits (provide copy of claim number)			
RR	Railroad Retirement or Other Pensions			
IR	Interest Income Greater Than \$50 Per Month (provide proof)			
OT	Other (please list & provide proof)			
Is anyone on strike? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of person: _____				

4. Dwelling Type. Circle the letter that best describes where you live.			
H	One family house, modular home, mobile home	T	Travel trailer, camper, RV
D	Duplex (2 units in building)	G	Group home
A	Apartment (3 or more units in the building)	N	Nursing home
O	Other, please list: _____		
Do you live in Subsidized Housing (Section 8, Public or Senior Housing)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name and telephone of landlord and/or unit: _____			

5. Heating System. Circle the letter that best describes the main heating system <u>built</u> into your home, even if currently not being used.			
G	Central Gas Furnace	F	Floor or Wall Furnace
R	Steam or Hot Water Radiators	V	Vented Freestanding Stove
E	Central Electric Furnace	S	Solar Heating System
W	Wood Stove or Fireplace	H	Baseboard Heaters
Do you use this system? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please circle the appropriate letter below. a. You do not have service because you are unable to pay for the restoration of service. b. You do not have service because you are unable to pay for the delivery of a bulk fuel. c. The equipment is inoperable and you cannot afford to pay to have it fixed. d. Other: _____			

6. Fuel Type. Circle the letter that describes the fuel used by the main heating system built into your home.	
G	Natural Gas from Underground Lines
E	Electricity
P	Delivered Bulk Propane
O	Other (bottled gas, kerosene, fuel oil, coal or wood). Please list type: _____ Name and federal tax number of wood vendor: _____
Name of utility vendor providing the fuel that heats your home: _____	

7. Fuel Bill. Circle the letter that describes how you pay your heating fuel bill.	
A	The fuel bill is in your name or the name of another household member. Name: _____
B	Your heating cost is included in your rent. Landlord's name and telephone number: _____
C	Your fuel bill is in your landlord's name and you pay either the landlord or the fuel company. Landlord's name and telephone number: _____
D	Your fuel bill is in the name of someone other than an adult household member or your landlord. Name and relationship: _____

8. Payments Made

Have you made payments on your energy costs totaling \$80 or more in the last 3 months?

☐ Yes ☐ No **(Provide proof of energy utility payments.)**

If your utilities are included in the rent, have you paid rent in at least 2 of the last 3 months?

☐ Yes ☐ No **(Provide proof of rent payments.)**

9. Vendor Information

The "primary heating fuel vendor" is the vendor that provides the fuel primarily used to heat your home.

The "secondary fuel vendor" is the other energy provider that you would like to receive ½ of your LIEAP benefit.

Primary heating fuel vendor name: _____

Account Number: _____

Secondary fuel vendor to be paid name: _____

Account Number: _____

10. LIEAP Payment Options. Circle the letter that indicates how you would like your benefit issued.

A Make all of my energy benefit payable to my heating vendor. **(Enclose a copy of heating bill.)**

B Split my energy benefit (½ to my primary fuel vendor, and ½ to my secondary vendor).
(Enclose a copy of both bills.)

- You may only make this choice one time for the benefit year.
- All payments, including any payments issued during summer months, will be made according to this choice.
- If you request your benefit split, the billing name on all accounts must be the same.
- **If no selection is made, your entire benefit will go to the heating vendor.**

11. Helping Agency

Please list the name of any agency or organization that helped you complete this application:

12. Kansas Weatherization Assistance Program (K-WAP)

The Kansas Weatherization Assistance Program provides low-income households free home energy upgrades that help lower their energy bills such as adding insulation and sealing cracks and gaps that leak air.

For more information about the Kansas Weatherization Assistance Program, please call the toll-free Housing Information Line at 1-800-752-4422.

The Kansas Department for Children and Families provides equal opportunity in its services, activities and programs receiving federal financial assistance, regardless of the participant's race, color, national origin, sex or disability status.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!

- I hereby apply for LIEAP assistance from the State of Kansas administered by the Department for Children and Families (DCF).
- I declare that the information I have given is true, correct and complete to the best of my knowledge.
- I realize that the information that I have given on this application will be subject to verification by DCF.
- If any household member declared on my application is currently receiving food assistance, TANF, or child support, I hereby authorize the agency to use my DCF file to document income and resource eligibility for LIEAP.
- I hereby authorize DCF to release information related to my application for LIEAP to my fuel supplier to determine eligibility.
- I give permission to DCF to use information provided on this application for the purposes of research, evaluation and analysis of the program.
- I understand that I may be fined, imprisoned, or both under state or federal law if I make false statement(s) on this application in order to get benefits that I am not entitled to receive.
- I understand that I must provide proof of income and other information needed to establish eligibility. I understand that my eligibility will be determined under the guidelines of DCF staff.
- I understand that if I receive assistance as a result of withholding or providing false information, I must repay the cost of that assistance and may face criminal charges.
- I understand that only one person in each household is allowed to receive LIEAP benefits during the year, from only one government agency. I may not receive LIEAP from DCF and a Tribal entity in the same year.
- I understand that if my utility is a vendor that has entered to an agreement to received LIEAP payments electronically, my benefit will be sent directly to the vendor.
- I understand that I need to continue making regular payments to my energy provider and that any LIEAP benefits which may be received do not take the place of my responsibility to pay the vendor.
- I understand that only one LIEAP benefit will be issued each calendar year, but that benefit may be split between utility vendors and this election may only be made once a year. Any additional payments that may be issued during the summer months will be issued in the same manner as the original winter issuance.
- I understand that I may appeal application processing that exceeds 45 calendar days after I have submitted complete information. I understand that I may appeal any decision and that my request must be made within 30 days of my denial or benefit notice.
- I authorize DCF or other designated agent to release application and benefit information to my energy vendors and community helping agencies.
- I authorize my energy vendor to release my account information, including but not limited to, billing and payment history and energy consumption to DCF, its designated agent, and Weatherization agencies.
- I authorize any investigation to establish my household's eligibility, including release of bank, payroll and/or other records from business and other organizations.
- I understand LIEAP is a federally-funded program. Benefits are based on the amount of federal funds received and could be terminated at any time in which funding is unavailable.
- I understand the completed application must be received by close of business on the last business day in March.

Signature

X

Signature of Adult Household Member (Person whose name is on the primary heating utility bill, if that person lives at the address.)

Date

Daytime Telephone

X

Signature of Other Adult Household Member or Conservator/Guardian

Date

Daytime Telephone

X

Signature of Other Adult Household Member or Conservator/Guardian

Date

Daytime Telephone

✓ Did you remember to:

- ☐ Fill everything out
- ☐ All adults sign the application
- ☐ List everyone who lives at your address
- ☐ List your phone numbers and email address
- ☐ Provide check stubs for everyone with earnings
- ☐ Provide Child Support court order(s)
- ☐ Provide recent tax return (if you are self-employed)
- ☐ Provide VA claim number
- ☐ Provide proof of income if greater than \$50 per month
- ☐ Provide copies of your energy bills
- ☐ Provide proof of energy utility payments in the last 3 months
- ☐ Provide proof of rent payments (if utilities are included in rent)

**To avoid delays in processing this application,
double check that you have included all above items that apply.**

Send copies. Originals will not be returned.



LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

HOW TO APPLY

Tear this page off and keep for your information

WHEN CAN I APPLY FOR LIEAP?

January 19, 2016 - March 31, 2016

HOW DO I APPLY FOR LIEAP?

Apply online or submit an application

Apply online at www.dcf.ks.gov

- Click on "Apply for Services"
- Click on "Energy Assistance"
- Questions call 1-800-432-0043

Submit an application

- Mail
- Fax
- E-mail

Based on your county, use the appropriate contact information below to submit your application.

Send your application to the LIEAP office that services your county of residence.

<u>County of Residence:</u> Atchison, Douglas, Johnson, Leavenworth, Wyandotte	MAIL TO:	DCF - LIEAP 402 State Avenue Kansas City, KS 66101	E-mail: KSLIEAP@dcf.ks.gov FAX: 1-888-652-0715 Phone: 913-279-7000
<u>County of Residence:</u> Allen, Anderson, Bourbon, Brown, Chautauqua, Cherokee, Coffey, Crawford, Doniphan, Franklin, Jackson, Jefferson, Labette, Linn, Marshall, Miami, Montgomery, Nemaha, Neosho, Osage, Pottawatomie, Shawnee, Wabaunsee, Wilson, Woodson	MAIL TO:	DCF - LIEAP 500 SW Van Buren Topeka, KS 66603	E-mail: LIEAPEast@dcf.ks.gov FAX: 1-888-543-3087 Phone: 785-296-2500
<u>County of Residence:</u> Barber, Butler, Cowley, Elk, Greenwood, Harper, Kingman, Pratt, Sedgwick, Sumner	MAIL TO:	DCF - LIEAP 410 N. Haverhill Road El Dorado, KS 67042	E-mail: LIEAPWichita@dcf.ks.gov FAX: 1-888-543-3089 Phone: 316-321-4200
<u>County of Residence:</u> Barton, Chase, Cheyenne, Clark, Clay, Cloud, Comanche, Decatur, Dickinson, Edwards, Ellis, Ellsworth, Finney, Ford, Geary, Gove, Graham, Grant, Gray, Greeley, Hamilton, Harvey, Haskell, Hodgeman, Jewell, Kearny, Kiowa, Lane, Lincoln, Logan, Lyon, Marion, McPherson, Meade, Mitchell, Morris, Morton, Ness, Norton, Osborne, Ottawa, Pawnee, Phillips, Rawlins, Reno, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Thomas, Trego, Wallace, Washington, Wichita	MAIL TO:	DCF - LIEAP 1710 Palace Dr Garden City, KS 67846	E-mail: LIEAPWest@dcf.ks.gov FAX: 1-888-543-3088 Phone: 620-272-5800

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

FREQUENTLY ASKED QUESTIONS

Tear this page off and keep for your information

1. Question: Who qualifies for LIEAP?

Answer: Qualifying households must:

- Not exceed the income limits in the chart displayed to the right
- Be personally responsible for the heating fuel costs payable either to the landlord, utility company or fuel vendor
- Have made recent payments of at least \$80 toward their costs

Persons Living at Address	Maximum Gross Monthly Income
1	\$1,276
2	\$1,726
3	\$2,177
4	\$2,628
5	\$3,078
6	\$3,529
7	\$3,980
8	\$4,430
+1	\$451

2. Question: I owe my gas/electric company more than last year. Will my benefit be bigger?

Answer: Not necessarily. The benefit amount is based federal funding received, anticipated number of applicants, type of dwelling, type of primary heating fuel, number of household members (citizens) and household income.

3. Question: Can I qualify for LIEAP if my name is not on my utility bill?

Answer: The applicant and the person signing the online application must be the person whose name appears primary on the primary heating source energy bill. Or if you pay the landlord for fuel costs included in the rent, or owed in addition to the rent, you may also qualify and should apply for LIEAP under your name.

4. Question: Can I split my benefit if my name is on one utility bill and my spouse's (or other household member's) name is on the other bill?

Answer: You cannot split your benefit between two vendors if the applicant's name is not on both utility bills.

5. Question: How many payments will I get?

Answer: LIEAP pays one benefit per year. A supplemental payment may be issued, depending on funding.

6. Question: How will know if I'm eligible for a benefit?

Answer: Applications are processed within 45 days of receipt. You will notified by mail.

7. Question: I received my LIEAP benefit, but I still need help. What else can I do?

Answer: Contact your local Salvation Army, Red Cross, United Way or other local helping agency, along with your utility company for other available options.

8. Question: What is the **Cold Weather Rule**?

Answer: The Cold Weather Rule applies only to residential customers of electric and natural gas utility companies under the Kansas Corporation Commission's jurisdiction. For more information about the Cold Weather Rule please go to the KCC at http://kcc.ks.gov/pi/cwr_english.htm or contact them at 785-271-3000.

9. To avoid delays in processing your application, be sure to provide the following:

- Answer all questions on the LIEAP application
- ALL adult household members sign the application
- Copies of all items needed
- Proof of Income earned and unearned for all household members
- Copy of all fuel bills (gas, electric, propane, etc.)
- Proof of Child Support or the Court Order

(Always send copies do not send originals; they will not be returned.)